

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/7/03.

I. DISPUTE

Whether there should be additional reimbursement for CPT 99456-WP for date of service 8/14/03.

II. RATIONALE

The service in dispute was denied as, "F-Reduced or denied in accordance with the appropriate fee guideline ground rule and/or maximum allowable reimbursement".

Requestor states, "We originally billed \$800 per the New Texas Medical Fee Guidelines for a Designated Doctor Impairment Rating Evaluation (base \$350) plus two body areas (\$150 Spine DRE and \$300 Upper Extremity ROM)." Payment received, \$450.

Respondents' statement of position, dated 11/20/03, states, "The requestor is due no reimbursement for determination of maximum medical improvement. First, this carrier had already reimbursed a requester for the maximum medical determination and that the injured worker has achieved maximum medical improvement was not in dispute. Second, the Commission did not request the requestor to determine maximum medical improvement. The requester was aware of the purpose of the examination. It was not to determine maximum medical improvement as evidenced in the requester's report".

The respondent provided a TWCC letter showing a Request for Designated Doctor Exam. Item #4 - Purpose of Examination was marked, "Percentage of impairment only." In the requestor's Report of Medical Evaluation, he states, in part, "The date of maximum medical improvement has been established...this is not under dispute."

Commission Rule 130.6 (d)(3) provides that, "When the impairment rating is the only issue in question, the doctor shall assign an impairment rating without regard to the MMI date." Rule 134.202 (D)(iii)(II)(a & b1) states, in part, "The MAR for musculoskeletal body areas is as follows: \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th Edition is used and if full physical evaluation, with range of motion is performed, \$300 for the first musculoskeletal body area."

Therefore, based on Commission Rules 130.6 and 134.202, no additional reimbursement is recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 02nd day of March 2004.

Terri Chance
Medical Dispute Resolution Officer
Medical Review Division

TC/tc